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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 4002-2270/DNK-1992-002-PA-DIV5C2
		First Inventor or Application Identifier MATHEWS, Hallett H.
		Title METHOD FOR SUBCUTANEOUS SUPRAFASCIAL...
<i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>		Express Mail Label No. EL 051 547 215 US

J-181 U.S. PTO
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APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		Assistant Commissioner for Patents			
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		ADDRESS TO: Box Patent Application Washington, DC 20231			
2. <input checked="" type="checkbox"/> Specification [Total Pages 25] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)			
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]		6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 			
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 		ACCOMPANYING APPLICATION PARTS			
		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
		8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney			
		9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)			
		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Statement(s)			
		11. <input type="checkbox"/> Preliminary Amendment			
		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> <ul style="list-style-type: none"> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. 			
		13. <input type="checkbox"/> Status still proper and desired <i>(PTO/SB/09-12)</i>			
		14. <input type="checkbox"/> Certified Copy of Priority Document(s); <i>(if foreign priority is claimed)</i>			
		15. <input type="checkbox"/> Other:			
<small>*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27). EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>					
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09 / 042,910 Prior application information: Examiner J. Woo Group / Art Unit: 3731					
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		<input type="checkbox"/> Correspondence address below			
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